

CALIFORNIA PH.D. MEDICAL GENETICIST LICENSE PAYMENT

Instructions: Mark the type of application, include Ph.D. Medical Geneticist license number (if applicable), your name, address, payment amount, and the type of payment. If you are paying with a credit card, you must include your credit card number and expiration date.

Check one appropriate box:

- ☐ Initial application ☐ Provisional application
- ☐ Renewal application ☐ Renewal **provisional** application

For renewal, provide California license number:

| | | | | | | | |
|---|---|--|--|--|--|--|--|
| M | G | | | | | | |
|---|---|--|--|--|--|--|--|



Please print in block letters or type.

| | | | |
|---|------------|-------|----------|
| Last name | First name | M.I. | |
| Mailing address (include number, street, and apartment number, if applicable) | City | State | ZIP code |

Fill in the appropriate fee amount(s):

| | | | | | | |
|--|----|----|---|---|---|---|
| Initial application fee/provisional application fee (\$100) | \$ | | . | 0 | 0 | |
| Renewal application fee/renewal provisional application fee (\$50) | \$ | | . | 0 | 0 | |
| Late fee (\$50) | \$ | | . | 0 | 0 | |
| Replacement license fee (\$30) | \$ | | . | 0 | 0 | |
| Total Amount | | \$ | | . | 0 | 0 |
| (Total amount enclosed or to be charged to credit card) | | \$ | | . | 0 | 0 |

Payment types (Check one and complete the necessary information):

| | | | | |
|--------------------------------------|--|---------------------------------|---|-------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/>  | _____ | / | _____ |
| | | (VISA credit card number) | | (Expiration date) |
| <input type="checkbox"/> Money order | <input type="checkbox"/>  | _____ | / | _____ |
| | | (MasterCard credit card number) | | (Expiration date) |

Print cardholder's name: _____
(If name different from the name at the top of this page)

Cardholder's signature: _____

FOR DEPARTMENT USE ONLY

| | |
|-----------------------|---|
| Date payment received | <input type="checkbox"/> Check returned <input type="checkbox"/> VISA/MasterCard denied |
| Date payment posted | |
| Date license issued | |